


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90008 012 \*\*\*\*61.25

DOCUMENT # N96000006525  
 1. Entity Name  
 COASTAL FLIERS CORP.



Principal Place of Business  
 4945 MOTOR YACHT DR  
 JACKSONVILLE, FL 32225 US

Mailing Address  
 4945 MOTOR YACHT DR  
 JACKSONVILLE, FL 32225 US

PO Box 600697  
 Jack. Fl 32260  
 24078539



2. Principal Place of Business  
 11482 Columbia Park Dr. W #2  
 Suite, Apt. #, etc.  
 #2

3. Mailing Address  
 PO Box 600697  
 Suite, Apt. #, etc.

07142004 Chg-NP CR2E037 (10/03)

City & State  
 Jacksonville FL

City & State  
 Jacksonville FL

Zip  
 32258

Country  
 USA

Zip  
 32260

Country  
 USA

4. FEI Number  
 59-2638065

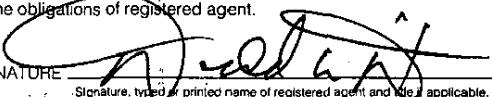
Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GOOD, ARNOLD E  
 MOTOR YACHT DR.  
 JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent  
 Name  
 Donald W. Dix  
 Street Address (P.O. Box Number is Not Acceptable)  
 11482 Columbia Park Dr. W. #2  
 City  
 Jacksonville FL Zip Code  
 32258

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  Pres. 8/3/04

(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

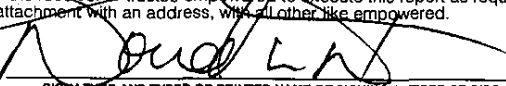
9. Election Campaign Financing  
 Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE PD	HOHENSHELT, KIM <input checked="" type="checkbox"/> Delete
STREET ADDRESS 14071 MYSTIC LANE	JACKSONVILLE, FL 32250
TITLE VPD	MAY, RONALD G <input checked="" type="checkbox"/> Delete
STREET ADDRESS 6897 PHILLIPS PARKWAY N	JACKSONVILLE, FL 32256
TITLE SD	GOOD, ARNOLD <input checked="" type="checkbox"/> Delete
STREET ADDRESS 4945 MOTOR YACHT DRIVE	JACKSONVILLE, FL 32225
TITLE VD	REUSSOW, CHARLES <input checked="" type="checkbox"/> Delete
STREET ADDRESS 3570 VICTORIA PARK RD	JACKSONVILLE, FL 32216.
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE (PD)	Donald W. Dix (D) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11482 Columbia Park Dr. W. #2	Jacksonville FL 32258
TITLE VPD	Stephen Price (D) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1415 1st Street N #503	Jacksonville Beach FL 32250
TITLE (Treasurer)	Donald W. Dix Sr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11482 Columbia Park Dr #2	Jax Fl 32258
TITLE (Secretary)	Stephen Price <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1415 1st Street N #503	Jax Beach 32250
TITLE NAME	D.W. Dix, Sr. (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11482 Columbia Park Drive #202	Jax. Fl. 32258
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Pres. 8/3/04 904 886-2120.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #